

COLUMBIA UNIVERSITY

College of Physicians & Surgeons

Office of Student Affairs

INSTRUCTIONS FOR OSTEOPATHIC STUDENTS

Students matriculated at AAMC medical schools are welcome to apply for elective courses at the College of Physicians & Surgeons (P&S). **VISITING STUDENTS MAY NOT CONTACT THE COURSE DIRECTORS DIRECTLY. ALL INQUIRIES MUST GO THROUGH THE OFFICE OF STUDENT AFFAIRS.**

Information about the electives that we offer can be found at

<http://cpmcnet.columbia.edu/dept/ps/affairs/electives.html>.

Please read the following requirements carefully. All forms are required and MUST BE completed. The inclusion of your schools forms without completing the P&S documents is not sufficient.

- **Application processing fee:** \$150 per elective month. Check to be made payable to Columbia University and should be included with your application. We cannot accept Postal Money Orders from Canada. Canadian students must send a bank draft in the amount of \$150 US Dollars drawn on a bank with a US correspondent bank in order to be accepted. **THIS FEE IS NON-REFUNDABLE.**
- **Good standing:** Student must be in good academic standing in the senior year at an AAMC medical school and have completed all required clinical clerkships. **Attached forms must be completed.**
- **Time permitted:** Three months of electives are permitted. All P&S electives are based on the calendar month. Unless otherwise specified, **ALL ELECTIVES BEGIN ON THE FIRST DAY OF THE MONTH AND END ON THE LAST. ASSIGNMENTS OF VISITING STUDENTS ARE MADE AFTER ALL P&S STUDENTS HAVE BEEN SCHEDULED.**
- **Credit:** Visiting students receive academic credit from their own medical schools for electives completed at P&S. They are not considered matriculated students at P&S. Transcripts will not be issued on completion of electives. **The visiting student should furnish performance evaluations to the P&S preceptor at the completion of the elective month. Please DO NOT send your evaluation with the application. It will NOT be forwarded to your course director and is not the responsibility of the Student Affairs Office to ensure your evaluation is submitted to your school.**
- **Health:** Visiting students must have proof of health, liability, and malpractice insurance. Physicians in the P&S Student Health Service will see visiting students for emergency medical problems. Visiting students will be appropriately billed if consultations, laboratory studies, x-rays, and/or medications are required. All students **MUST** provide proof of all of the immunizations listed on our form. **The Student Health Service of the home institution must complete the attached immunization record.**
- **Housing:** Single dormitory rooms with corridor bath and shower facilities are available at Bard Hall. Contact the Director, Health Sciences Campus, Central Housing Office, Bard Hall, 50 Haven Ave., New York, NY, 10032, (212) 304-7000 for current room rates. The hospital will provide accommodations for on-call responsibilities. **Housing is not available August through October.**
- **Application process:** Available electives are assigned on a first come, first served basis. Applications will not be processed until completed forms are received. **Application must include: P&S application form (attached), Dean's Certification form (attached), Immunization Record (attached), application fee, and a letter of recommendation from a faculty member who has supervised the applicant in the required clerkship most closely related to the elective requested (Performance evaluations from 3rd year clinical clerkships are not acceptable).**

Application materials and questions regarding the application should be directed to the following individual:

JESSICA ASH

JZ2173@COLUMBIA.EDU

[HTTP://CPMCNET.COLUMBIA.EDU/DEPT/PS/AFFAIRS/ELECTIVES.HTML](http://cpmcnet.columbia.edu/dept/ps/affairs/electives.html)

630 West 168th Street, 3-401

New York, NY 10032

Phone: (212) 305-3806/ Fax: (212) 305-1343

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College of Physicians & Surgeons

Office of Student Affairs

APPLICATION FOR OSTEOPATHIC STUDENTS

Section 1: To be completed by Student					
NAME (IN ALL CAPITALS)	SOCIAL SECURITY NO.	MEDICAL SCHOOL			
MAILING ADDRESS			DEAN'S OFFICE ADDRESS		
Street			Street		
City State Zip			City State Zip		
PHONE NUMBER	GRADUATION DATE	DEAN'S OFFICE PHONE/FAX			
()		Phone ()			
E-MAIL ADDRESS		Fax ()			
ELECTIVES REQUESTED (IN ORDER OF PREFERENCE) You may add an addendum sheet			TOTAL NO. OF ELECTIVES REQUESTED		
			1	2	3
Course Code	Title	Month			
1.					
2.					
3.					
SECTION 2: TO BE COMPLETED BY THE DEAN FOR STUDENT AFFAIRS					
<ul style="list-style-type: none"> THE ABOVE NAMED STUDENT IS IN GOOD STANDING AT THIS INSTITUTION. THE STUDENT WILL ENTER FOURTH YEAR AS OF (DATE) _____ AND IS PRESENTLY IN HER/HIS _____ YEAR OF A _____ YEAR PROGRAM STUDYING FOR THE M.D./D.O. DEGREE. THIS STUDENT WILL/WILL NOT PAY TUITION DURING THIS ELECTIVE PERIOD. THIS STUDENT IS/IS NOT COVERED BY LIABILITY, MALPRACTICE AND PERSONAL HEALTH INSURANCE. THIS STUDENT HAS/HAS NOT COMPLETED THE REQUIRED COURSE IN UNIVERSAL PROCEDURES (OSHA) WITHIN 12 MONTHS OF THE START OF THIS ELECTIVE. THIS STUDENT HAS/HAS NOT COMPLETED HIPAA CERTIFICATION. THIS STUDENT WILL/WILL NOT BE TAKING THIS ELECTIVE FOR CREDIT. AN EVALUATION WILL/WILL NOT BE REQUIRED AT THE CONCLUSION OF THIS ELECTIVE. 					
SCHOOL SEAL		SIGNATURE: _____			
		NAME: _____			
		TITLE: _____			
		DATE: _____			

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DEAN'S CERTIFICATION FORM

STUDENT: _____ YEAR: _____

REQUESTED ELECTIVE: _____ MONTH: _____

HOME MEDICAL SCHOOL: _____

1. **Health Assessment**

_____ Immunization Record attached

2. **Compliance with OSHA Bloodborne Pathogens Regulation**

_____ Educational Session attended

_____ HBV Vaccine Immunization or declination verified

3. **Health Insurance**

_____ Coverage provided by _____

4. **Liability Insurance**

_____ Coverage provided by _____

5. **HIPAA Certification**

_____ Certified on (date) _____

6. **Privileges credentialed by home school**

(All students participating in P&S electives MUST BE approved for performance under general supervision)

_____ Venipuncture

_____ Starting IV fluids

All other procedures by medical students will be performed under direct visual supervision of a credentialed member of the hospital medical staff.

7. **Completed Core Clerkships**

Please indicate the dates that the students completed the following clinical clerkships:

_____ Neurology _____ Primary Care _____ Anesthesiology _____ Medicine

_____ Surgery _____ Psychology _____ Ob/Gyn _____ Urology _____ Pediatrics

Recommendation by Dean

_____ I certify that this student is in good standing at _____
and has been approved for this elective.

Signature
Associate Dean for Student Affairs
(or applicable school official)

Date

Medical School Seal

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VISITING STUDENT IMMUNIZATION RECORD INSTRUCTIONS

Requirements for Visiting Medical Students

1. PPD or Quantiferon Gold within 12 months. If either is positive, then record history of INH, if any (from-to), current sx, if any, and CXR required within past year if either test is positive. f
2. Positive titers to measles, mumps and rubella. Repeat MMR if any of these titers are equivocal or negative.
3. Positive titer to Varicella (if there is a history of chicken pox infection). If negative, or student has not had chicken pox, the two Varicella immunizations are required at least 1 month apart.
4. Tetanus immunization (Td or Tdap, specify which) within the past 10 years.
5. 3 Hepatitis B immunizations and a positive titer. If titer is negative, send HepBSag. If negative, give a 4th Hep B and repeat titer. If still negative, give two more Hep B and repeat titer. Titers must be at least 1 month after immunizations. If HepSag positive, send Hep B e antigen.
6. Student MUST have US based insurance, which meets the standards required by Columbia University. If none, you may enroll in the Chickering Student Health Insurance Plan on a pro-rated basis. This requires enrollment in the SHS as well (also on a prorated basis)
7. For students without our insurance and who have not paid the SHS fee, only acute illness care will be provided.

Equivocal, inconclusive or low-positive titer results are considered to be negative.

If missing documentation of titers, or necessary immunizations, need to be provided at the CUMC Student Health Service. You will be charged our cost at the time of service. There will be no additional cost for the visit.

**THIS INFORMATION IS REQUIRED PRIOR TO PATIENT CONTACT.
PLEASE READ THE INSTRUCTIONS ABOVE BEFORE COMPLETING THE FORM.**

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VISITING STUDENT IMMUNIZATION HISTORY FORM (TO BE COMPLETED BY A SCHOOL HEALTH OFFICIAL)

Name: _____ Medical School: _____

MMR #1 _____ (date) MMR #2 _____ (date) MMR #3 _____ (date)

(Required if MMR titers not positive)

Measles Titer (IgG) _____ (date) Pos Neg

Mumps Titer (IgG) _____ (date) Pos Neg

positive titer required for all clinical students

Rubella Titer (IgG) _____ (date) Pos Neg

Hepatitis B #1 _____ (date) Hep B #2 _____ (date) Hep B #3 _____ (date)

(Hepatitis B series and post-immunization titer required for all clinical students)

Post-immunization Hep B Surface Antibody (IgG) _____ (date) Result Pos Neg

Hep B Surface Antigen* _____ Pos Neg *Required only if Hep B post-immunization titer is negative.

Hep B #4** _____ (date) **Required only if Hep B Surface Antibody and Antigen are negative.

Varicella Disease (Clinician verified) Yes No Varicella Titer (IgG) _____ (date) Pos Neg

or (Perform only if there is a history of varicella disease)

Varicella Vaccine #1 _____ (date) Varicella #2 _____ (date)

Most recent Td booster _____ (date must be within 10 years) Td Tdap (Indicate which formulation)

Most recent Polio booster _____ (date) IPV OPV (Indicate which formulation)

PPD - should be placed even with a history of BCG administration

PPD placed* _____ (date) PPD read _____ (date) Induration _____ mm

*date must be within 3 months of deadline date

If PPD is >10 mm (5 mm if HIV+ or recent contact), please answer the following questions:

Does student have: Cough? Yes No Night sweats? Yes No Weight Loss? Yes No

History of BCG? Yes No If yes, year given _____

Treatment with INH? Yes No If yes, from _____ (mo-yr) to _____ (mo-yr)

Chest X-Ray* _____ (date) Pos Neg

*Required within 6 months of CUMC deadline date only if PPD is positive. Attach copy of X-ray Report.

Clinician Name & Title (printed) _____ Date: _____

Clinician Signature _____

Clinician please note: All students who will have clinical contact while at CUMC are required to have titers showing immunity for Measles, Mumps, Rubella, and Hepatitis B.

If MMR titers are not positive, an additional MMR is required.

If the Hep B post-immunization titer is not positive, Hep B Surface Antigen is required. If the surface antigen is negative, a 4th Hepatitis B immunization is required.

Students must also have a positive titer for Varicella if there is a history of Varicella disease, or they must demonstrate receipt of 2 doses of Varicella vaccine at least 30 days apart.

Laboratory reports must be attached for all titers and Chest X-ray (if X-ray required).

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